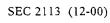
~	•	<u> </u>							
ile Nur	nber:	1 10 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OMB APPROVAL					
	5139			OMB Number: 3235-0337 Expires: September 30, 2006					
r the recember	eporting period ended er 31, 2004	FILENCE THAT THE THAT THE THE THE THE		Estimated average burden					
		05035403		hours per full response 6.00 Estimated average burden					
		UNITED STATES	<u> </u>	hours per intermediate response					
	SEC WANTED TO	SECURITIES AND EXCHANGE CO Washington, D.C. 20549		Estimated average burden hours per minimum					
	(IAAI o			response					
	200g	FORM TA-2							
		R REPORTING ACTIVITIES OF							
RE	GISTERED PURSUAN	T TO SECTION 17A OF THE SE	CURITIES	S EXCHANGE ACT OF 1934					
	ATTENTION:	INTENTIONAL MISSTATEM CONSTITUTE FEDERAL CRI See 18 U.S.C. 1001 and 15 U.S.C.	IMINAL V						
a.	During the reporting period (Check appropriate box.)	, has the Registrant engaged a service cor	mpany to perf	form any of its transfer agent functions					
	☐ All	Some Non	e.						
b.	If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all servic company(ies) engaged:								
	Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):					
		Investor Services Ltd	•	84-5849					
		· · · · · · · · · · · · · · · · · · ·							
		PRO	CERT						
		FFR	n 2 2005						
		4	, 0 2 PASA						
			I A I's						
c.	During the reporting period transfer agent functions?	I, has the Registrant been engaged as a se	rvice compar	ny by a named transfer agent to perform					
	☐ Yes	⊠ No							
d.		(c) is yes, provide the name(s) and file nu d as a service company to perform transf pplement to Form TA-2.)							
	Name of Transfer Agent(s	· · · · · · · · · · · · · · · · · · ·		File No. (beginning with 84- or 85-):					
	Traine of Transfer Agent(s	·	-	The mo. (beginning with 64- of 65-).					



3.	a.	Registrant's appropriate reg Comptroller of the Curro Federal Deposit Insurant Board of Governors of t Securities and Exchange	ency ce Corp he Fed	poration eral Re	n .		only	.)		
	b.	During the reporting period, information reported therein								
		Yes, filed amendment(s) No, failed to file amende Not applicable)	ě.					
	c.	If the answer to subsection (_	-	anation:				
						····				
			~		<u> </u>					
		If the respons	e to a	ny of	questions	4-11 below i	is no	ne or zero	o, enter "0.	"
4.	Nu	mber of items received for tra	insfer (during	the reportin	g period:	3.6	5.8	•••••	
5.	a.	Total number of individual System (DRS), dividend rei								
				_						
	b.	Number of individual securias of December 31:								
	c.	Number of individual secur	tyhold	er DRS	accounts a	s of December	31:	•••••••		0
	d.	Approximate percentage of December 31: 0	indivi	dual se	curityholde	r accounts from	m sub	osection (a)	in the follow	wing categories as of
		Corporate Corporate Equity Debt Securities Securities		In C	pen-End vestment company ecurities	Limited Partnersh Securitie	ip	Municipa Secur	I	Other Securities
6.	Nu	mber of securities issues for	which	Registr	ant acted in	the following	capac	ities, as of	December 31	: 0
					porate urities	Open-End Investment Company	Pa	Limited artnership Securities	Municipal Debt Securities	Other Securities
			Eq	uity	Debt	Securities		securities	Securities	
	a.	Receives items for transfer and maintains the master securityholder files:								
	b.	Receives items for transfer							<u> </u>	
		but does not maintain the master securityholder files:								N/A
	c.	Does not receive items for transfer but maintains the master securityholder files:								

7.	Sco a.	pe of certain additional types of activ Number of issues for which dividend		direct nurchase plan				
	u.	services were provided, as of December			0			
	b.	Number of issues for which DRS serv						
	c.	Dividend disbursement and interest p						
		i. number of issues			_			
		ii. amount (in dollars)						
8.	a.	Number and aggregate market value December 31: 0	of securities aged record of	differences, existing for mo	ore than 30 days, as of			
			1	Prior	Current			
				Transfer Agent(s)	Transfer Agent			
				(If applicable)	Transfer Agent			
		i. Number of issues						
		ii. Market value (in dollars)						
		ii. Warket Value (iii donais)						
	b.	Number of quarterly reports regardin SEC) during the reporting period pur						
	c.	During the reporting period, did the lineluding the SEC) required by Rule			with its ARA			
		☐ Yes	☐ No					
		_						
	d.	If the answers to subsection (c) is no, provide an explanation for each failure to file:						
					N/A			
			<u></u>					
			7					
9.	a.	During the reporting period, has the as set forth in Rule 17Ad-2?	Registrant always been in	compliance with the turna	round time for routine items			
		XX Yes	No 🗌 No					
		If the answer to s	ubsection (a) is no, comp	elete subsections (i) throu	gh (ii).			
		i. Provide the number of months do compliance with the turnaround						
		ii. Provide the number of written no SEC and with its ARA that repor items according to Rule 17Ad-2.	ted its noncompliance wit	th turnaround time for rout	ine			
10.		nber of open-end investment compandistribution postings, and address charges) excluding dividend, interes			
	a.	Total number of transactions process			N/A			
	b.	Number of transactions processed on			•			
	٠.	or transmissions processed on	a and other than date or	p: o. o. de (ab o.b)				

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search: N/A

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
	,	

b.	Number of lost securityholder accounts that have been remitted to states during the	NT / 7
	reporting period:	N/A

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Telephone number: 989-839-5236
Date signed (Month/Day/Year):
January 24, 2005
_

File Number	Supplement to Form TA-2
85-5139	
For the reporting period ended December 31, 2004	Full Name of Registrant
	Chemical Bank and Trust Company

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):		File No.
N/A		(beginning with 84- or 85-
<u> </u>		·
·		
	· · · · · · · · · · · · · · · · · · ·	
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118.77		